COMBINED DECLARATION AND POWER OF ATTORNEY

43554V

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Process for obtaining tobacco leaves with a standardized nicotine content and/or improved combustibility

the spe	cification of which: (ch	eck one)	•		
		REGULAR OR DESIGN	APPLICATION		
	is attached hereto.				
	was filed on	as application	on Serial No.		
		n (if a			
	P	CT FILED APPLICATION ENTE	RING NATIONAL STAGE		
×	was described and claimed in International application No. PCT/IB2004/002222 filed on July 7 , 2004 and as amended on (if any) .				
		iewed and understand the contented to above.	ents of the above-identified spe	ecification, including the	
	wledge the duty to disc tions, §1.56.	lose information which is materia PRIORITY C	·	itle 37, Code of Federal	
	e before that of the appl	o identified below any foreign application on which priority is claimed PRIOR FOREIGN APP	ed. PLICATION(S)		
	Country	Application Number	Date of Filing (day, month, year)	Priority Claimed	
	italy	MI2003A001442	15-07-2003	YES	
	•				
I hereb tion(s) I	y claim the benefit unde isted below:	er Title 35, United States Code §1	19(e) of any United States prov	visional patent applica-	
Applica	tion No.	Filing Date	Status (patented, p	ending abandoned)	
(Compl	ete this part only if this	is a continuing application.)			
ject ma provide patenta	tter of each of the claim d by the first paragrap bility as defined in Title	er 35 USC 120 of any United Stans of this application is not disclose the first of 35 USC 112, I acknowledge 37 Code of Federal Regulations national or PCT international filing	sed in the prior United States and the duty to disclose informate §1.56 which became available	oplication in the manner ion which is material to	
Applica	tion No.	Filing Date	Status (patented, p	ending abandoned)	

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, Liam MCDOWELL, Reg. No. 44,231, and Philip A. DUBOIS, Reg. No. 50,696,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202

Customer Number

00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: MERCATI Yalentino		
Inventor's signature:	Date:	23-12-2005
Residence: SANSEPOLCRO, Italy	Citizenship:	Italian
Post Office Address: Aboca 17 - SANSEPOLCRO, Italy		
Full name of second joint inventor, if any:		
Inventor's signature:	Date:	
Residence:	Citizenship:	
Post Office Address:		
Full name of third joint inventor, if any:		
Inventor's signature:	Date:	•
Residence:	Citizenship:	
Post Office Address:		
Full name of fourth joint inventor, if any:	-4	
Inventor's signature:	Date:	
Residence:	Citizenship:	
Post Office Address:		,